

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 06/20/2014

Street: 1500 Block Plank Road

Incident #: 13ISPC005108

Apt, Lot, Room #:

County: Clark

City: Jeffersonville

## Type of Laboratory Seizure (check one)

- ☐ Lab Seizure  
☒ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open – No Structure  
☐ Vehicle ☐ Business  
☒ Other: Road Side

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_
- ☒ Corrosive Acid: Road Side  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☒ Other (item and location): Salt

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: Unknown  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Jeffersonville Fax: 812-283-3032  
Health Department County: Clark County Fax: 812-288-2711  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Trooper Tom Basham 7860 Phone 812-246-5424

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.